

Affix Patient I.D. Here

COMPLETE AT PILL COUNTS OR WHEN DRUGS ARE LOST, IN PARTICULAR AT ALL FOLLOWUP DISPENSING. DO NOT COMPLETE DURING OPEN LABEL TITRATION OR DURING BLINDED RETITRATION

1 Date of pill count: DATE 15  
mo dy yr

STUDY DRUG

DRUG 15

2 ☐<sub>1</sub> CAST-ENC ☐<sub>2</sub> CAST-FLEC ☐<sub>3</sub> CAST-MOR  
☐<sub>1</sub> Dose 1 ☐<sub>2</sub> Dose 2 ☐<sub>3</sub> Other:      mg/day

DOSE 15

PILL COUNT

3 Was CAST medication discontinued permanently or temporarily for any length of time prior to the time of the pill count (e.g., CABG)?

☐<sub>1</sub> yes permanently, date DT STOP 15  
mo dy yr

☐<sub>2</sub> yes temporarily, number of days discontinued DAY OFF 15  
     (A)

☐<sub>3</sub> no

4 Are all pills available for count? ☐<sub>1</sub> yes ☐<sub>2</sub> no

If NO, provide estimated number lost:      LOST 15  
or check if an estimate is not possible ☐<sub>1</sub>

ESTIMATION OF PATIENT COMPLIANCE

Complete the following for the interval since the last time this form was completed:

5 Number (re)dispensed at or since last followup visit DISPEN 15  
     (B)

6 Number pills returned + estimated lost -      (C) RETURN 15

7 Number of pills used (subtract B - C)      (D) USED 15

8 Date pills (re)dispensed     /    /     DTDISP 15  
mo dy yr

9 Days since pills (re)dispensed      (E) SINCE 15

10 Days off drug by protocol -      (A) DAY OFF 15

11 Days ON CAST drug (subtract E - A)      (F) DAYSON 15

12 Number of pills per day ☐ (G) PP DAY 15

13 Number of pills expected to be used:      EXPECT 15  
(F) x (G):      (H)

14 Compliance: (D) divided by (H) times 100:      % COMPLI 15

15

Did patient report taking CAST drug as instructed?

☐<sub>1</sub> yes ☐<sub>2</sub> no TAKE 15

If NO, indicate primary reason below (interviewer opinion)

WHYNOT 15

- ☐<sub>1</sub> Adverse symptoms  
☐<sub>2</sub> Forgetful, careless  
☐<sub>3</sub> Uncooperative  
☐<sub>4</sub> Did not understand  
☐<sub>5</sub> Non-study physician stopped drug or changed dose  
☐<sub>6</sub> Other (specify)

\_\_\_\_\_

Name of person filling out form

\_\_\_\_\_  
Code Number

DRUGUSE  
CAST 15.02  
8/27/87  
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